

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		21	10/27/01
FORMALITY REVIEW	2-02	703	11/13/01
RESPONSE FORMALITY REVIEW	M.D	(62)	11-30-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	2/4/03
2	2/16/03
3	2/16/03
4	2/16/03
5	2/16/03
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Claim	Date
Final	
Original	
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52	2/16/03
53	2/16/03
54	2/16/03
55	2/16/03
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Claim	Date
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If more than 150 claims or 10 actions  
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953  
11/13/01  
451  
11/13/01